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NO. 483 0004



PTO/SB/08A (10-98)

Approved for use through 10/31/98. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				<i>Complete If Known</i>	
				Application Number	10/015,194
				Filing Date	November-20, 2001
				First Named Inventor	Jam s S. Koford
				Group Art Unit	2184
				Examiner Name	
Sheet	1	of	1	Attorney Docket No.	/ 01-390

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No.	Include name of author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where	T
		Simplify Programmable-Logic-IP Integration - Author(s) - Cravotta, Robert	
		Altera Casts Spotlight On IP Integration Tool - Author(s) - Souza, Crista	

Examiner signature		Date considered	
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LSI LOGIC

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LSI Logic Corporation  
Intellectual Property  
Corporate Legal Department  
MS D-106  
1551 McCarthy Blvd.  
Milpitas, CA 95035

Date April 30, 2002Number of pages including cover sheet 8

To: US PTO, Box IDS

TC 2184

Fax No. 703-746-7239

Phone No.

CC:

From: Connie del Castillo

Intellectual Property Paralegal

Telephone No. (408) 433-7191

Fax No. (408) 433-7460

## REMARKS:

☐ Urgent ☐ For your review ☒ Reply ASAP ☐ Please comment

Application Number: 10/015,194  
Filing date: November 20, 2001  
First named inventor: James S. Koford  
Attorney docket number: 01-390

Transmitted herewith for filing via facsimile:

- Transmittal Form PTO/SB/21
- Information Disclosure Statement (letter)
- Information Disclosure Statement by Applicant PTO/SB/08A
- Articles as stated in PTO/SB/08A

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/015,194
	Filing Date	November-20, 2001
	First Named Inventor	James S. Koford
	Group Art Unit	2184
	Examiner Name	
Total number of pages in this submission	Attorney Docket Number	01-390

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits(s)/declaration(s) <input type="checkbox"/> Extension of time request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Paper <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px;">         1. Return address postcard for PTO mailroom to date stamp.       </div>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Leo Peters, Reg. No. 33,562, Phone: [+1] 408-433-7191
Signature	<i>Leo Peters</i>
Date	4/30/02

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 4/30/02	
Typed or printed name	Connie Del Castillo, Phone: [+1] 408-433-7191
Signature	<i>Connie del Castillo</i> Date: 4/30/02

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